

# **EXHIBIT 8**

**2. ANTI-CORRUPTION CONSENT**

I am bound by and will comply with the Tennis Anti-Corruption Program (the "TACP"), a copy of which is included in the Rulebook or may be downloaded at <http://www.tennisintegrityunit.com/>. I acknowledge that I have received and had the opportunity to review the TACP, and that I understand its provisions. I acknowledge that I have a duty to inform my Related Persons (as defined in the TACP) of the provisions of the TACP and to instruct them to comply with the TACP. I accept that I must complete any Tennis Integrity education programs mandated by WTA Tour. The TACP prohibits certain conduct by me and my Related Persons, including, but not limited to, (i) wagering on any tennis match, (ii) contriving or attempting to contrive the outcome of any tennis match, (iii) receiving or providing consideration in exchange for Inside Information (as defined in the TACP), (iv) soliciting or facilitating any other person to wager on a tennis match, and (v) failing to report any knowledge I may have regarding potential violations of the TACP. I acknowledge that I have an obligation to report any approaches that I may receive and any known or suspected offenses by others as soon as possible. I accept that I must cooperate fully with investigations and shall not tamper with or destroy any evidence. I hereby submit to the jurisdiction and authority of the Tennis Integrity Unit and the Professional Tennis Integrity Officers to manage, administer and enforce the TACP and to the jurisdiction and authority of the Anti-Corruption Hearing Officer and the Court of Arbitration for Sport to determine any charges brought under the TACP.

**3. ANTI-DOPING CONSENT**

I am bound by and will comply with the Tennis Anti-Doping Programme (the "TADP"), a copy of which is available upon request from the ITF or may be downloaded at <http://www.itftennis.com/antidoping/>. The TADP will govern my participation in WTA sanctioned events (together with the Rulebook, including the Code of Conduct and the TACP, each of them applying concurrently and without prejudice to the other) as well as the other events specified in the TADP. Anti-doping testing may be conducted In-Competition and Out-of-Competition as set out in the TADP, and WTA Tour will honor and enforce any penalties or sanctions, and/or other measures taken against me under the TADP, including in relation to Provisional Suspensions. I hereby submit to the jurisdiction and authority of the ITF to manage, administer, and enforce the TADP and to the jurisdiction and authority of the Independent Anti-Doping Tribunal and the Court of Arbitration for Sport to determine any charges brought under the TADP. I also hereby consent to the ITF (i) releasing to WTA Tour details of any alleged Whereabouts Failures (i.e. Missed Tests and/or Filing Failures) on my part, as well as notice of any charges brought against me under the TADP, and (ii) keeping WTA Tour informed thereafter of the progress of such alleged Whereabouts Failures/charges in accordance with the TADP.

**4. MINOR MEDICAL RELEASE – PLAYERS UNDER 18 YEARS OF AGE**

When participating at WTA sanctioned events, if any emergency arises involving my physical or psychological well-being and, at such time I (or my legal guardian) am not immediately available, I hereby give the on-site representative(s) of the WTA Sport Sciences & Medicine ("SS&M") and WTA Athlete Assistance Departments, as well as any official tournament physician, full permission and authority to take such steps as are medically reasonably necessary to protect and assist me. I agree to pay any hospital expenses, physician bills, and other expenses incurred as a result of any such medical emergency. In non-emergency situations, I hereby give official tournament physicians and the on-site representative(s) of SS&M and Athlete Assistance full permission and authority to administer standard on-site treatment as needed, including, but not limited to, standard athlete training treatments, medical care, physical therapy and administration of over-the-counter-medications. I understand that such standard treatments may also be administered off-site during the event week at the official hotel. I understand that each player is required to undergo an annual physical, and I authorize on-site representative(s) of SS&M and a physician designated by SS&M to conduct my annual physical on site at a tournament. I further understand that I am solely responsible for ensuring my fitness to play WTA sanctioned events. Finally, I understand that this release will remain in full force and effect until my eighteenth (18<sup>th</sup>) birthday or until I further advise WTA Tour.

I VARVARA GRACHEVA have read, understand, consent, and agree to the above Sections 1-4.

(Signature):  DATE: 18/12/2019

**PARENT/LEGAL GUARDIAN**

I \_\_\_\_\_, as Parent/Legal Guardian of \_\_\_\_\_ (player), have read, understand, consent, and agree to the above Sections 1-4.

(Signature): \_\_\_\_\_ DATE: \_\_\_\_\_

**FIRST TIME ENTRANTS MUST RETURN THIS FORM WITH:**

- 1) A copy of your passport or birth certificate + photo ID
- 2) Proof that you have met/are in the process of meeting the minimum educational requirements of your country of residence

- 3) Confidential Medical Information Consent Form
- 4) HIPAA Form

**RETURN FORM TO:**  
**WTA Tour, Inc. - Operations**  
 FX: +1 727 894 1982  
[tourops@wtatennis.com](mailto:tourops@wtatennis.com)